



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6084

| | | | | |
|---|---|-------------------------------|---|--|
| SERIAL NUMBER 10/502,349 | FILING OR 371(c) DATE 07/23/2004 RULE | CLASS 607 | GROUP ART UNIT 3762 | ATTORNEY DOCKET NO. 12637/71 |
| APPLICANTS Ali Rezai, Bratenhal, OH; Ashwini Sharan, Mt. Laurel, NJ; | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/US03/02846 01/31/2003 which claims benefit of 60/353,697 02/01/2002 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| ** SMALL ENTITY ** | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY OH | SHEETS DRAWING 1 | TOTAL CLAIMS 39 |
| INDEPENDENT CLAIMS 5 | | | | |
| ADDRESS 23838 | | | | |
| TITLE Modulation of the pain circuitry to affect chronic pain | | | | |
| FILING FEE RECEIVED 642 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |